

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040463

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 146

FILED OCT 21 1963

VS 300 Rev. 4/59	DATE AMENDED
10515	
20515	
3	
4 1	
5 1	
6	
7 10	
8 2	
9 X9	
10	
11 051	
12 4-0	
13 100	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>WARRENSBURG</u>		c. CITY OR TOWN <u>CONCORDIA</u>	
Length of stay in 1b <u>28 DAYS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>JOHNSON COUNTY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3 1/2 Mi. South</u>	
3. NAME OF DECEASED (Type or print) First <u>ARLEE</u> Middle <u>GLENDOLF</u> Last <u>PAUL</u>		4. DATE OF DEATH Month <u>OCT</u> Day <u>14</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 14, 1905</u>
9. AGE (last birthday) <u>58</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (City and state or country) <u>MO KNOXVILLE</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	
13a. FATHER'S NAME <u>HOWARD EVERTS</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA BALFOUR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>H. W. PAUL</u>	
17. INFORMANT <u>H. W. PAUL</u>		14. NAME OF HUSBAND OR WIFE <u>H. W. PAUL</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolus</u> DUE TO (b) <u>Compound fracture of femur</u> DUE TO (c) <u>Auto accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>1 mo.</u> <u>1 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>8:15</u> Month, Day, Year <u>9-14-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>815 P.</u>		20f. CITY, TOWN, OR LOCATION <u>WARRENSBURG, MO</u>	
21. I attended the deceased from <u>9-14-63</u> to <u>10-14-63</u> and last saw her alive on <u>10-14-63</u>		22. DATE SIGNED <u>10-25-63</u>	
22a. SIGNATURE (Degree or title) <u>E. S. James</u>		22b. ADDRESS <u>WARRENSBURG, MO</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10/17/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>BETHEL</u>		23d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u>	
24. FUNERAL DIRECTOR <u>E. S. James</u>		25. DATE RECD. BY LOCAL REG. <u>OCT. 17, 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Savannah Custerfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1964

OCT 22 1963

JAN 28 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.